PEPIN MANOR
1110 2ND STREET, P.O. BOX 218

TIIO SND SIVEE	11, F.U. DUA 2.	LO		
PEPIN	54759	Phone: (715) 442-4811	Ownership:	Corporation
Operated from	1/1 To 12/33	Days of Operation: 365	Highest Level License:	Skilled

Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 60 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 60 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 47 Average Daily Census: 49

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis			용		14.9 40.4
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		More Than 4 Years	29.8
Day Services Respite Care	No   Yes	Mental Illness (Org./Psy) Mental Illness (Other)		65 <b>-</b> 74   75 <b>-</b> 84	14.9 25.5	•	85.1
Adult Day Care		Alcohol & Other Drug Abuse		85 - 94		********	
Adult Day Health Care Congregate Meals	No   Yes	. ~	0.0 2.1	95 & Over 		Full-Time Equivalent   Nursing Staff per 100 Res	
Home Delivered Meals	No					(12/31/03)	
Other Meals Transportation	No   No			65 & Over 		RNs	11.0
Referral Service	No			   Gender	용	•	6.2
Other Services	No	1 2				, , , , , , , , , , , , , , , , , , , ,	
Provide Day Programming for	I	Other Medical Conditions		Male		Aides, & Orderlies	36.0
Mentally Ill	No			Female	70.2		
Provide Day Programming for	ı		100.0				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	3	100.0	304	5	14.3	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	17.0
Skilled Care	0	0.0	0	30	85.7	124	1	100.0	110	6	75.0	126	0	0.0	0	0	0.0	0	37	78.7
Intermediate				0	0.0	0	0	0.0	0	1	12.5	118	0	0.0	0	0	0.0	0	1	2.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	1	12.5	56	0	0.0	0	0	0.0	0	1	2.1
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		35	100.0		1	100.0		8	100.0		0	0.0		0	0.0		47	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.1		61.7	36.2	47
Other Nursing Homes	13.5	Dressing	25.5		57.4	17.0	47
Acute Care Hospitals	83.8	Transferring	36.2		51.1	12.8	47
Psych. HospMR/DD Facilities	0.0	Toilet Use	38.3		36.2	25.5	47
Rehabilitation Hospitals	0.0	Eating	70.2		12.8	17.0	47
Other Locations	0.0	*********	* * * * * * * * * * * * * * *	*****	*****	******	*****
Total Number of Admissions	37	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.1	Receiving Resp	iratory Care	21.3
Private Home/No Home Health	12.5	Occ/Freq. Incontine	nt of Bladder	42.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	32.5	Occ/Freq. Incontine	nt of Bowel	25.5	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	10.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.3	Receiving Mech	anically Altered Diets	19.1
Rehabilitation Hospitals	0.0						
Other Locations	2.5	Skin Care			Other Resident C	haracteristics	
Deaths	42.5	With Pressure Sores		2.1	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	40				Receiving Psyc	hoactive Drugs	70.2

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

***********	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	ે	8	Ratio	용	Ratio	용	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.7	80.8	1.09	83.7	1.05	84.0	1.04	87.4	1.00
Current Residents from In-County	55.3	73.7	0.75	72.8	0.76	76.2	0.73	76.7	0.72
Admissions from In-County, Still Residing	24.3	19.8	1.23	22.7	1.07	22.2	1.09	19.6	1.24
Admissions/Average Daily Census	75.5	137.9	0.55	113.6	0.66	122.3	0.62	141.3	0.53
Discharges/Average Daily Census	81.6	138.0	0.59	115.9	0.70	124.3	0.66	142.5	0.57
Discharges To Private Residence/Average Daily Census	36.7	62.1	0.59	48.0	0.77	53.4	0.69	61.6	0.60
Residents Receiving Skilled Care	95.7	94.4	1.01	94.7	1.01	94.8	1.01	88.1	1.09
Residents Aged 65 and Older	95.7	94.8	1.01	93.1	1.03	93.5	1.02	87.8	1.09
3	74.5	72.0	1.01	67.2					1.13
Title 19 (Medicaid) Funded Residents					1.11	69.5	1.07	65.9	
Private Pay Funded Residents	17.0	17.7	0.96	21.5	0.79	19.4	0.88	21.0	0.81
Developmentally Disabled Residents	2.1	0.8	2.71	0.7	2.97	0.6	3.36	6.5	0.33
Mentally Ill Residents	29.8	31.0	0.96	39.1	0.76	36.5	0.82	33.6	0.89
General Medical Service Residents	27.7	20.9	1.33	17.2	1.61	18.8	1.47	20.6	1.35
Impaired ADL (Mean)	44.3	45.3	0.98	46.1	0.96	46.9	0.94	49.4	0.90
Psychological Problems	70.2	56.0	1.25	58.7	1.20	58.4	1.20	57.4	1.22
Nursing Care Required (Mean)	5.3	7.2	0.74	6.7	0.79	7.2	0.74	7.3	0.73